

**United States Bankruptcy Court
DISTRICT OF NEW JERSEY**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Miller Health Care, LLC		Name of Joint Debtor (Spouse) (Last, First, Middle):																							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): dba Lawrenceville Nursing Rehabilitation Center		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																							
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): ITIN: 1520; EIN: 20-4181520		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):																							
Street Address of Debtor (No. and Street, City, and State) 112 Franklin Corner Road Lawrenceville, NJ		Street Address of Joint Debtor (No. and Street, City, and State)																							
		ZIPCODE 08648	ZIPCODE																						
County of Residence or of the Principal Place of Business: Mercer		County of Residence or of the Principal Place of Business:																							
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																							
		ZIPCODE	ZIPCODE																						
Location of Principal Assets of Business Debtor (if different from street address above):		ZIPCODE																							
Type of Debtor (Form of Organization) (Check one box)	Nature of Business (Check one box)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)																							
		<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding																						
<input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/>	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)	Nature of Debts (Check one box) Debts are primarily consumer <input type="checkbox"/> debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts																							
		Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input checked="" type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes, in accordance with 11 U.S.C. § 1126(b).																							
Statistical/Administrative Information																									
<input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																									
THIS SPACE IS FOR COURT USE ONLY																									
Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1000-5000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> <td></td> </tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1000-5000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
1-49	50-99	100-199	200-999	1000-5000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000																
Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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Estimated Liabilities <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Document	Page 2 of 106 Name of Debtor(s): Miller Health Care, LLC
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: NONE	Case Number:	Date Filed:
Location Where Filed: N.A.	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: NONE	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts)
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)		I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		X _____ Signature of Attorney for Debtor(s) _____ Date _____
Exhibit C		
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?		
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
Exhibit D		
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)		
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.		
If this is a joint petition:		
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
Information Regarding the Debtor - Venue		
(Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
Certification by a Debtor Who Resides as a Tenant of Residential Property		
(Check all applicable boxes)		
<input type="checkbox"/> Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.)		
<hr/> (Name of landlord that obtained judgment)		
<hr/> (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and		
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.		
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).		

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Miller Health Care, LLC

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney***X** /s/ Scott M. Zauber, Esq.

Signature of Attorney for Debtor(s)

SCOTT M. ZAUBER, ESQ. SZ6086

Printed Name of Attorney for Debtor(s)

Subranni Zauber LLC

Firm Name

1624 Pacific Avenue

Address

POB 1913 Atlantic City, NJ 08404

(609) 347-7000

Telephone Number

June 18, 2011

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Thomas Miller

Signature of Authorized Individual

THOMAS MILLER

Printed Name of Authorized Individual

Managing Member

Title of Authorized Individual

June 18, 2011

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re Miller Health Care, LLC,
Debtor Case No. _____
Chapter 11 _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim (if secured also state value of security)</i>

ACULABS, INC. 2 KENNEDY BLVD. EAST BRUNSWICK, NJ 08816				12,444.37
Horizon Blue Cross Blue Shield Ste 1, 949 Raymond Blvd. Newark, NJ 07105				12,698.92
Mobilex USA 930 Ridgebrook Rd 3rd Fl Sparks Glencoe, MD 21152-9390				13,402.36

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim (if secured also state value of security)</i>
MIDCO WASTE SYSTEMS 5 INDUSTRIAL DRIVE NEW BRUNSWICK, NJ 08901				16,058.71
TEAMSTERS LOCAL 35 PENSION FUND 620 US ROUTE 130 YARDVILLE, NJ 08691				17,330.00
Amerihealth Casualty Svcs 8000 Midlantic Dr # 333N Mount Laurel, NJ 08054-1518				27,973.93
FDR Services Corp. One Ames Court. Ste 204 Plainview, NY 11803				28,274.47
LTC CONSULTING SERVICES 7 RANDOLPH ROAD HOWELL, NJ 07731				30,000.00
TEAMSTERS LOCAL 35 HEALTH FUND 620 US ROUTE 130 YARDVILLE, NJ 08691				39,333.75

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
PSE&G Co Electric 8 Lyndon Dr. Hillsborough, NJ 08844-3033				42,258.57
US POST ACUTE SERVICE SOLUTIONS 2029 MORRIS AVENUE SUITE 2 UNION, NJ 07083				53,714.00
CONFIDENCE SERVICES LLC 1420 EAST LINDEN AVENUE LINDEN, NJ 07036				81,795.00
PHARMCARE USA 95 NEWFIELD AVENUE SUITE B EDISON, NJ 08837				87,504.53
Lawrence Twp Tax Collector 2207 Lawrence Road Lawrence Twp, NJ 08648				103,279.68
CENTRAL CARE SOLUTIONS 1420 E LINDEN AVENUE LINDEN, NJ 07036				127,976.16

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
NJ Nursing Home Provider Assessment NJ Div of Taxation 50 Barrack Street Trenton, NJ 08695-0198				185,290.32
Select Medical Corporation 4714 Gettysburg Road Mechanicsburg, PA 17055				263,720.60
HEALTHCARE SERVICES GROUP, INC SUITE 300 3220 TILLMAN DRIVE BENSALEM, PA 19020				448,729.48
PRIME REHABILITATION SERVICES 220 WHITE PLAINS ROAD SUITE 550 TARRYTOWN, NY 10591				526,559.29
PARTNERS PHARMACY 70 JACKSON DRIVE				678,880.71
CRANFORD, NJ 07016				

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, [the president or other officer or an authorized agent of the corporation] named as debtor in this case, declare under penalty of perjury that I have read the foregoing LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS and that it is true and correct to the best of my information and belief.

Date June 18, 2011

Signature

/s/ Thomas Miller

THOMAS MILLER,
Managing Member

B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

In re Miller Health Care, LLC
Debtor

Case No. _____
(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
		Total	0.00	

(Report also on Summary of Schedules.)

In re Miller Health Care, LLC
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand		60.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	Petty cash TD Bank Account Wachovia Accounts		100.00 25,867.48 1,934.77
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

In re Miller Health Care, LLC
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.		Accounts Receivable 1.3 million gross 400K liquidation value		400,000.00
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		Healthcare License Not able to sell		Indeterminate
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2000 BMW 740IL Liquidation Value 2006 Ford Expedition		5,000.00 7,500.00

In re Miller Health Care, LLC
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Miller Health Care, LLC
Debtor

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- 11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3) Check if debtor claims a homestead exemption that exceeds
\$146,450*.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Not Applicable.			

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Ford Motor Credit POB 542000 Omaha, NE 68154			Lien: PMSI in vehicle < 910 days Security: 2006 Ford Expedition				6,544.43	0.00
			VALUE \$ 7,500.00					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					

0 continuation sheets attached

Subtotal ➤ (Total of this page)	\$ 6,544.43	\$ 0.00
Total ➤ (Use only on last page)	\$ 6,544.43	\$ 0.00

(Report also on
Summary of Schedules) (If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6E (Official Form 6E) (04/10)

In re Miller Health Care, LLC,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (04/10) - Cont.In re Miller Health Care, LLC,
DebtorCase No. _____
(if known) **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

 Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

*Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			X	X	
ACCOUNT NO. A.C. Black Landscaping 94A Crosswicks-Ellisdale Rd Allentown, NJ 08501		Consideration: Other	X	X	Unknown
ACCOUNT NO. ABLE MEDICAL TRANSPORTATION INC PO BOX 6837 BRIDGEWATER, NJ 08807-0837		Consideration: Other			3,088.89
ACCOUNT NO. ACCESS INTERACTIVE LLC 46665 MAGELLAN DRIVE NOVI, MI 48377		Consideration: Other			169.00
ACCOUNT NO. ACHCA PO BOX 75060 BALTIMORE, MD 21275-5060		Consideration: Other			572.00
Subtotal ➤					\$ 3,829.89
Total ➤					\$

(Use only on last page of the completed Schedule F.)

(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Consideration: Other				
ACULABS, INC. 2 KENNEDY BLVD. EAST BRUNSWICK, NJ 08816						12,444.37
ACCOUNT NO.		Consideration: Other				
AIR CARE OF NJ, INC 127 ROUTE 206 SUITE 35 HAMILTON, NJ 08610						3,255.31
ACCOUNT NO.		Consideration: Other				
AIRGAS EAST PO BOX 827049 PHILADELPHIA, PA 19182						4,496.20
ACCOUNT NO.		Consideration: Other				
AJANTA S VINEKAR MD "666 PLAINSBORO RD SUITE 228, BLDG 200 PLAINSBORO, NJ 08536						650.00
ACCOUNT NO.		Consideration: Other				
ALAN LANDA 1072 MADISON AVENUE LAKEWOOD, NJ 08701						105.00
Sheet no. <u>1</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ► \$ 20,950.88
						Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
ALLSTATE MEDICAL 34 35TH STREET BROOKLYN, NY 11232							4,389.96
ACCOUNT NO.			Consideration: Other				
ALTERNATIVES FOR SENIORS PO BOX 833 SOUTHFIELD, MI 48037							171.00
ACCOUNT NO.			Consideration: Other				
ALTIGRO 3 US HIGHWAY 46 WEST FAIRFIELD, NJ 07004-2904							1,950.00
ACCOUNT NO.			Consideration: Other				
AMALFI'S 146 Lawrenceville Pennington Road Lawrence Twp, NJ 08648-1461							678.05
ACCOUNT NO.			Consideration: Other				
AMARACHI ANABARONYE							43.39
Sheet no. <u>2</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 7,232.40
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	AMOUNT OF CLAIM		
				CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.						
American Hospice 50 N. Laura St. Ste 1800 Jacksonville, FL 32202						0.00
ACCOUNT NO.			Consideration: Other	X	X	X
American Hospitals Patient Guide POB 1031 Schenectady, NY 12301						Unknown
ACCOUNT NO.						
American Hospitals Pub Group POB 1031 Schenectady, NY 12301						0.00
ACCOUNT NO.			Consideration: Other			
Amerihealth Casualty Svcs 8000 Midlantic Dr # 333N Mount Laurel, NJ 08054-1518						27,973.93
ACCOUNT NO.			Consideration: Other			
AMERIHEALTH CASUALTY SVCS-109 LOCKBOX #8271 PO BOX 8500 PHILADELPHIA, PA 19178						Notice Only
Sheet no. <u>3</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$	27,973.93
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
AMERIKEM 136 ARLINGTON AVENUE BLOOMFIELD, NJ 07003							320.68
ACCOUNT NO.			Consideration: Other				
AMSTERDAM PRINTING & LITHO PO BOX 701 AMSTERDAM, NY 12010							600.95
ACCOUNT NO.			Consideration: Other				
ARAMSCO PO BOX 29 THOROFARE, NJ 08086-0029							160.10
ACCOUNT NO.							
Atlantic Central Station Inc. POB 158 Lyndhurst, NJ 07071							0.00
ACCOUNT NO.			Consideration: Other				
AUDIO MESSAGING SOLUTIONS, LLC PO BOX 890271 CHARLOTTE, NC 28289-0271							354.00
Sheet no. <u>4</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 1,435.73
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.					
Bollinger, Inc. 232 Strawbridge Dr. Moorestown, NJ 08057					0.00
ACCOUNT NO.					
Borden Perlman Insurance Co 2000 Lenox Drive Ste 202 Lawrenceville, NJ 08648					0.00
ACCOUNT NO.		Consideration: Other			
BROADVIEW NETWORKS PO BOX 9242 UNIONDALE, NY 11555-9242					6,016.23
ACCOUNT NO.		Consideration: Other			
BSD CARE 2915 AVE K BROOKLYN, NY 11210					6,258.43
ACCOUNT NO.		Consideration: Other			
Buchanan Ingersoll & Rooney 700 Alexander Park Ste 300 Princeton, NJ 08540					6,994.00

Sheet no. 5 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal ► \$ 19,268.66
Total ► \$(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
CAMERON CHANDLER 228 WEST MAPLE STREET AMBLER, PA 19002-5738							200.00
ACCOUNT NO.			Consideration: Other				
CANON FINANCIAL SERVICES INC 14904 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-014							1,472.85
ACCOUNT NO.							
Care Alternatives 70 Jackson Drive Ste 200 Cranford, NJ 07016							0.00
ACCOUNT NO.			Consideration: Other				
Care Associates Network 147 Columbia Tpke Ste 302 Florham Park, NJ 07932							3,400.00
ACCOUNT NO.			Consideration: Other				
CAREMED INC PO BOX 67 CEDARHURST, NY 11516							128.29
Sheet no. <u>6</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 5,201.14
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.					0.00
Caring Hospice Services 400 Commerce Dr Ste C Fort Washington, PA 19034		Consideration: Other			127,976.16
ACCOUNT NO.					0.00
CENTRAL CARE SOLUTIONS 1420 E LINDEN AVENUE LINDEN, NJ 07036					
ACCOUNT NO.					0.00
CertaPro Painters 300 Mill St. Moorestown, NJ 08057					
ACCOUNT NO.					0.00
CHE Senior Care Therapy 85 Crescent Ave. Passaic, NJ 07055					
ACCOUNT NO.					0.00
Cherry Hill Pharmacy LTC 1951 Old Cuthbert Rd Ste 306 Cherry Hill, NJ 08034					

Sheet no. 7 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal ► \$ 127,976.16
Total ► \$(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 582618							
Chicago Insurance Company 55 E. Monroe St. Chicago, IL 60603							0.00
ACCOUNT NO.			Consideration: Other				
CHILDREN'S BREAD DELIVERANCE							50.00
ACCOUNT NO.			Consideration: Other				
Chinenye Onyenali 113 Johnston Ave. Hamilton, NJ 08609							325.50
ACCOUNT NO.			Consideration: Other				
CHOICE CARE CARD LLC 76 MCNEIL ROAD 2ND FLOOR WATERBURY CENTER, VT 05677							630.00
ACCOUNT NO.			Consideration: Other				
CHS, INC - MERCER CAMPUS PO BOX 8500-1576 PHILADELPHIA, PA 19178-1576							1,607.80
Sheet no. <u>8</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 2,613.30
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
CHS, INC. - FULD CAMPUS PO BOX 8500-1571 PHILADELPHIA, PA 19178-1571							698.88
ACCOUNT NO.			Consideration: Other				
CLIA LABORATORY PROGRAM POB 361 TRENTON, NJ 08625-0360							300.00
ACCOUNT NO.			Consideration: Other				
COLETTE BOGIE 857 OLD WHITEHORSE PIKE WATERFORD, NJ 08089							225.00
ACCOUNT NO.			Consideration: Other				
COLONIAL SUPPLEMENTAL INSURANCE PREMIUM PROCESSING PO BOX 903 COLUMBIA, SC 29202-090							636.90
ACCOUNT NO.			Consideration: Other				
COLORADO BANKERS LIFE PO BOX 17007 DENVER CO 80217-0007							375.00
Sheet no. <u>9</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 2,235.78
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.		Consideration: Other			
COMCAST PO BOX 840 NEWARK, NJ 07101-0840					477.45
ACCOUNT NO.		Consideration: Other			
COMMERCIAL READERS SVC PO BOX 3696 BLOOMINGTON, IL 61702-3696					12.48
ACCOUNT NO.		Consideration: Other			
COMTEL TECHNOLOGY GROUP, INC. 2602 EAST 7TH AVENUE SUITE 200 TAMPA, FL 33605					695.00
ACCOUNT NO.					
ConEdison Solutions 701 Westchester Ave Ste 300E White Plains, NY 10604					0.00
ACCOUNT NO.		Consideration: Other			
CONFIDENCE SERVICES LLC 1420 EAST LINDEN AVENUE LINDEN, NJ 07036					81,795.00

Sheet no. 10 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal ► \$ 82,979.93
Total ► \$(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
COOLERSMART "W510182, PO BOX 7777 PHILADELPHIA, PA 19175"							539.10
ACCOUNT NO.			Consideration: Other				
COOPER PEST SOLUTIONS 351 LAWRENCE STATION ROAD LAWRENCEVILLE, NJ 08648-26							703.26
ACCOUNT NO.			Consideration: Other				
CREATIVE FORECASTING PO BOX 7789 COLORADO SPRINGS, CO 80933-7789							120.00
ACCOUNT NO.			Consideration: Other				
CROKER FIRE DRILL CORP PO BOX 368 ISLIP TERRACE, NY 11752-0368							657.80
ACCOUNT NO.			Consideration: Other				
CURRENT TECHNOLOGIES ELECTRONICS PO BOX 41 JACKSON, NJ 08527							377.71
Sheet no. <u>11</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 2,397.87
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
DATA CONTROL TECHNOLOGY, INC 9 CHURCH STREET SUITE 202 HORNELL, NY 14843							630.00
ACCOUNT NO.			Consideration: Other				
DAVID M. WACKSMAN "RE: AMBASSADOR ANCILLARY 20 COURT STREET, 4TH FLOOR"							7,000.00
ACCOUNT NO.			Consideration: Other				
DAYDOTS 24198 NETWORK PLACE CHICAGO, IL 60673-1241							121.17
ACCOUNT NO.			Consideration: Other				
DELCREST MEDICAL SUPPLIES, LLC 2670 NOTTINGHAM WAY HAMILTON, NJ 08619							4,580.95
ACCOUNT NO.			Consideration: Other				
Delta-T Group, Inc. 101 S. Bryn Mawr Ave Ste 270 Bryn Mawr, PA 19010							0.00
Sheet no. <u>12</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 12,332.12
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
DH SPECIAL SERVICES 107 BROOKVILLE ROAD BARNEGAT, NJ 08005							10.00
ACCOUNT NO.			Consideration: Other				
DIRECT CARE CORP. 31 SKYLINE DRIVE PLAINVIEW, NY 11803							2,297.36
ACCOUNT NO.			Consideration: Other				
DIRECT SUPPLY BOX 88201 MILWAUKEE WI 53288-0201							1,529.14
ACCOUNT NO.			Consideration: Other				
DR. NILESH RANA 1531 BUCK CREEK DRIVE YARDLEY, PA 19067							2,000.00
ACCOUNT NO.			Consideration: Other				
DRISCOLL FOODS 174 DELAWANNA AVENUE CLIFTON, NJ 07014							6,274.76
Sheet no. <u>13</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 12,111.26
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
DSI of Trenton LLC 1840 Princeton Ave. Lawrenceville, NJ 08648						0.00
ACCOUNT NO.		Consideration: Other				
DYNALINK COMMUNICATIONS PO BOX 1219 OLD CHELSEA STATION NEW YORK, NY 10113-1						1,384.89
ACCOUNT NO.		Consideration: Other				
ECOLAB PO BOX 905327 CHARLOTTE, NC 28290-5327						1,040.60
ACCOUNT NO.		Consideration: Other				
EDGE INFORMATION MANAGEMENT, INC PO BOX 3378 MELBOURNE, FL 32902-3378						569.00
ACCOUNT NO.		Consideration: Other				
EMA EMERGENCY MEDICAL ASSOCIATES PO BOX 747 LIVINGSTON, NJ 07039						2,583.00
Sheet no. <u>14</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ►	\$		5,577.49
			Total ►	\$		

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						0.00
Embracing Hospice 109 South Main Street Cranbury, NJ 08512						
ACCOUNT NO.						0.00
Embracing HospiceCare of NJ West LLC 2101 Hwy 34 South Ste B Wall, NJ 07719						
ACCOUNT NO.		Consideration: Other				
ENCORE FLORIST & PALM HOUSE 2307 S. BROAD STREET HAMILTON, NJ 08610						40.00
ACCOUNT NO.		Consideration: Other				
EPOWER ELECTRICAL CONTRACTORS Cranbury, NJ 08512						1,800.00
ACCOUNT NO.		Consideration: Other				
ERNEST KOSCIES						2,071.00
Sheet no. <u>15</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ► \$ 3,911.00
						Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
EVANS AUDIOLOGY & HEARING AID CE 2657 NOTTINGHAM WAY MERCERVILLE, NJ 08619							350.00
ACCOUNT NO.			Consideration: Other				
FDR Services Corp. One Ames Court. Ste 204 Plainview, NY 11803							28,274.47
ACCOUNT NO.			Consideration: Other				
FDR SERVICES CORP. PO BOX 1010 PLAINVIEW, NY 11803							Notice Only
ACCOUNT NO.			Consideration: Other				
FED EX PO BOX 371461 PITTSBURGH, PA 15250-7461							83.75
ACCOUNT NO.			Consideration: Other				
FORD CREDIT BOX 220564 PITTSBURGH, PA 15257-2564							1,030.42
Sheet no. <u>16</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 29,738.64
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Fraser Advanced Info Systems 800 Walnut St MAC F4031-040 Des Moines, IA 50309							0.00
ACCOUNT NO.			Consideration: Other				
FRASER-SUPPLIES PO BOX 7 READING, PA 19603-0007							427.00
ACCOUNT NO.			Consideration: Other				
G & C ELECTRONICS 317 CHURCH STREET LAKEHURST, NJ 08733							230.61
ACCOUNT NO.			Consideration: Other				
GENERAL HEALTHCARE RESOURCES 2250 Hickory Rd. Ste. 240 Plymouth Meeting, PA 19462							6,000.00
ACCOUNT NO.							
Genesis Healthcare Corp 101 E. State St. Kennett Square, PA 19348							0.00
Sheet no. <u>17</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 6,657.61
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
GENSERVE INC 998 TAUNTON AVENUE WEST BERLIN, NJ 08091							1,803.60
ACCOUNT NO.			Consideration: Other				
GENTELL 3600 BOUND BROOK TREVOSE, PA 19053							2,715.91
ACCOUNT NO.			Consideration: Other				
GEORGE SINKLER 3008 LIMEKILM PIKE NORTH HILLS, PA 19038							420.00
ACCOUNT NO.			Consideration: Other				
GLOBAL MEDICAL 7024 TROY HILL DRIVE SUITE N ELKRIDGE, MD 21075							222.00
ACCOUNT NO.			Consideration: Other				
GLUCK WALRATH 428 RIVER VIEW PLAZA TRENTON, NJ 08611							11,243.57
Sheet no. <u>18</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 16,405.08
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.					
Greenwood House Hospice 50 Walter St. Ewing, NJ 08628					0.00
ACCOUNT NO.		Consideration: Other			
H&R HEALTHCARE 1750 OAK STREET LAKEWOOD, NJ 08701					2,777.72
ACCOUNT NO.		Consideration: Other			
HAMILTON ANESTHESIA ASSOC. PO BOX 10439 TRENTON, NJ 08650					47.60
ACCOUNT NO.		Consideration: Other			
HAMILTON CARDIOLOGY ASSOCIATES 2073 KLOCKNER ROAD HAMILTON, NJ 08690					1,420.37
ACCOUNT NO.		Consideration: Other			
HARRY J. LAWALL & SON, INC. 8028 FRANKFORD AVENUE PHILADELPHIA, PA 19136					2,239.51
Sheet no. <u>19</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ►	\$	6,485.20
			Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
HARTFORD STEAM BOILER PO BOX 21045 CHICAGO, IL 60673							50.00
ACCOUNT NO.			Consideration: Other				
HCANJ 4 AAA DRIVE SUITE 203 HAMILTON, NJ 08691-1803							6,725.00
ACCOUNT NO.			Consideration: Other				
HCM GROUP LLC 40 VREELAND AVENUE SUITE 101D TOTOWA, NJ 07512							9,989.71
ACCOUNT NO.			Consideration: Other				
HD SUPPLY FACILITIES MAINTENANCE PO BOX 509058 SAN DIEGO, CA 92150-9058							597.44
ACCOUNT NO.							
Healthcare Quality Strategies 557 Cranbury Rd Ste 21 E. Brunswick, NJ 08816							0.00
Sheet no. <u>20</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 17,362.15
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
HEALTHCARE SERVICES GROUP, INC SUITE 300 3220 TILLMAN DRIVE BENSALEM, PA 19020							448,729.48
ACCOUNT NO.							
Heart and Soul Hospice 104 Pension Rd Englishtown, NJ 07726							0.00
ACCOUNT NO.			Consideration: Other				
HOLLAND INC. HEATING & AIR CONDITIONING 39 CONROW ROAD DELRAN NJ 08075							381.60
ACCOUNT NO.			Consideration: Other				
HORIZON BLUE CROSS BLUE SHIELD PO BOX 1738 NEWARK, NJ 07101-1738							Notice Only
ACCOUNT NO.			Consideration: Other				
Horizon Blue Cross Blue Shield Ste 1, 949 Raymond Blvd. Newark, NJ 07105							12,698.92
Sheet no. <u>21</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 461,810.00
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.					
Horizon Healthcare Svcs Three Penn Plaza East Newark, NJ 07105-2200					0.00
ACCOUNT NO.					
Hospice of New Jersey 400 Broadacres Dr 4th Fl Bloomfield, NJ 07003					0.00
ACCOUNT NO.		Consideration: Other			
HUBCO HEALTH CARE GROUP 130 PENNINGTON WASHINGTON CROSSING ROAD Pennington, NJ 08534					12,100.00
ACCOUNT NO.					
Integrated Health Admin Svcs 141 Halstead Ave Ste 304 Mamaroneck, NY 10543					0.00
ACCOUNT NO.		Consideration: Other			
INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0039					610.91
Sheet no. <u>22</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ►	\$	12,710.91
			Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Taxes			
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19114						Notice Only
ACCOUNT NO.			Consideration: Other			
INTERNATIONAL HEALTHCARE VOLUNTEER						250.00
ACCOUNT NO.						
Invacare Corporation POB 4028 Elyria, OH 44036						0.00
ACCOUNT NO. J5704						
Iron Mountain Information Mgmt 3433 Progress Drive Bensalem, PA 19020						0.00
ACCOUNT NO.			Consideration: Other			
JAFFE & ASHER LLP 600 THIRD AVENUE 9TH FLOOR NEW YORK, NY 10016-1901						200.00
Sheet no. <u>23</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$	450.00
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
JAMES TAITSMAN 123 FRANKLIN CORNER ROAD LAWRENCEVILLE, NJ 08648							438.40
ACCOUNT NO.			Consideration: Other				
JAY MALLETT 28 JACOBS CORNER ROAD EWING, NJ 08628							100.00
ACCOUNT NO.			Consideration: Other				
JERRY CASTALDO 3 GREENWICH DRIVE HIGH BRIDGE, NJ 08829-1607							225.00
ACCOUNT NO.			Consideration: Other				
JOHN PATRICK PUBLISHING COMPANY PO BOX 5469 TRENTON, NJ 08638-0469							1,310.00
ACCOUNT NO.			Consideration: Other				
Jose Diaz 396 Holly Dr. Levittown, PA 19055							600.00
Sheet no. <u>24</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 2,673.40
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
Joyce Tulloch 857 E. State St. Trenton, NJ 08609							1,076.15
ACCOUNT NO.			Consideration: Other				
KAUFMAN DOLOWICH & VOLUCK LLP 135 CROSSWAYS PARK DRIVE SUITE 201 WOODBURY, NY 1179							585.00
ACCOUNT NO.			Consideration: Other				
KEN JOHNSTONE 125 ELMWOOD ROAD FAIRLESS HILLS, PA 19030							135.00
ACCOUNT NO.			Consideration: Other				
KODIAK SYSTEMS PO BOX 786436 PHILADELPHIA, PA 19178-6436							1,805.40
ACCOUNT NO.			Consideration: Other				
L & I ELECTRIC PO BOX 3243 PRINCETON, NJ 08543							80.25
Sheet no. <u>25</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 3,681.80
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Other			
LA HAIR 733 BIRCH AVENUE PENNDEL, PA 19047						4,884.80
ACCOUNT NO.			Consideration: Other			
LAWRENCE ORTHOPAEDICS 4065 QUAKERBRIDGE ROAD PRINCETON JUMCTION, NJ 08550						198.00
ACCOUNT NO.			Consideration: Other			
LAWRENCE TOWNSHIP TAX COLLECTOR PO BOX 6006 LAWRENCEVILLE, NJ 08648						Notice Only
ACCOUNT NO.						
Lawrence Twp Board of Ed 2565 Princeton Pike Lawrenceville, NJ 08648						0.00
ACCOUNT NO.			Consideration: Other			
Lawrence Twp Tax Collector 2207 Lawrence Road Lawrence Twp, NJ 08648						103,279.68
Sheet no. <u>26</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 108,362.48	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.					
Lawrenceville Nursing Home c/o Frank C. Puzio, President 231 Lambert Drive Princeton, NJ 08540					0.00
ACCOUNT NO.		Consideration: Represents creditor			
Lawrenceville Nursing Home, Inc. Attn: Carl J. Soranno, Esq. Brach Eichler LLC 101 Eisenhower Pkwy Roseland, NJ 07068					Notice Only
ACCOUNT NO.		Consideration: Represents creditor			
Lawrenceville Nursing Home, Inc. Attn: Stark & Stark, Rachel Stark, Esquire 993 Lenox Drive, Building Two Lawrenceville, NJ 08648					Notice Only
ACCOUNT NO.		Consideration: Other			
LAWRENCEVILLE RECREATION DEPT. PO Box 6006 Lawrenceville, NJ 08648					120.00
ACCOUNT NO.					
Lawrenceville Urology PA 3120 Princeton Pike Lawrenceville, NJ 08648					0.00
Sheet no. <u>27</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ►	\$	120.00
			Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
LEADING EDGE CUTLERY SERVICE 318 9TH STREET FAIRVIEW, NJ 07022							11.77
ACCOUNT NO.			Consideration: Other				
Leila Evans 378 Reservoir St. Trenton, NJ 08618							740.93
ACCOUNT NO.			Consideration: Other				
LESA ALDRIDGE 1212 BEAR TAVERN ROAD TITUSVILLE, NJ 08560							3,775.00
ACCOUNT NO.							
LIFE St. Francis 1435 Liberty St. Hamilton, NJ 08629							0.00
ACCOUNT NO.			Consideration: Other				
LIFE SYSTEMS INC 7320 CENTRAL AVENUE SAVANNAH GA 31406							7,686.45
Sheet no. <u>28</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 12,214.15
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
LINDA CUMBUS 52 CHAMBORD CT. HAMILTON, NJ 08619							57.15
ACCOUNT NO.			Consideration: Other				
LINGUISYSTEMS 3100 4TH AVENUE EAST MOLINE, IL 61244-9700							449.00
ACCOUNT NO.			Consideration: Other				
LIQUIDPOSH 575 EASTON AVENUE - 15L SOMERSET, NJ 08873							162.50
ACCOUNT NO.			Consideration: Other				
Lourdes Lodovica 184 Cypress Lane Hamilton, NJ 08619							10.00
ACCOUNT NO.			Consideration: Other				
LTC CONSULTING SERVICES 7 RANDOLPH ROAD HOWELL, NJ 07731							30,000.00
Sheet no. <u>29</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 30,678.65
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
M & M MEDICAL EQUIPMENT REPAIR PO BOX 604 BEAVERDALE, PA 15921							1,136.50
ACCOUNT NO.							
Marcus & Millichap 270 Madison Ave # 7 New York, NY 10016-0601							0.00
ACCOUNT NO.			Consideration: Other				
MARSHALL INDUSTRIAL TECHNOLOGIES 529 South Clinton Avenue Trenton, NJ 08611							2,500.00
ACCOUNT NO.			Consideration: Other				
MARTHA DAVIS							195.13
ACCOUNT NO.			Consideration: Other				
MDI ACHIEVE PO BOX 86 MINNEAPOLIS MN 55486-2905							4,606.00
Sheet no. <u>30</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 8,437.63
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
MEDCARE LLC 3535 ROUTE 66 BUILDING 3 NEPTUNE, NJ 07753-2624							692.24
ACCOUNT NO.			Consideration: Other				
MEDEAST POST-OP & SURGICAL PO BOX 822796 PHILADELPHIA, PA 19182-2796							243.20
ACCOUNT NO.							
Medi-EMR LLC 90 Washington Valley Road Bedminster, NJ 07921							0.00
ACCOUNT NO.			Consideration: Other				
MEDI-TRANSPORT OF NJ 2595 EAST STATE STREET HAMILTON, NJ 08619							5,539.25
ACCOUNT NO.			Consideration: Other				
MEDICAL REPAIR CENTER, INC. 432 LINCOLN BLVD. MIDDLESEX, NJ 08846							136.43
Sheet no. <u>31</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 6,611.12
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
MEDICAL SOLUTIONS GROUP INC 1 HEWITT SQUARE #123 EAST NORTHPORT, NY 11731							9,579.50
ACCOUNT NO.			Consideration: Other				
MEDICOM, LLC 1090 CONEY ISLAND AVE SUITE 202 BROOKLYN, NY 11230							3,324.78
ACCOUNT NO.							
Medline Industries Inc. One Medline Place Mundelein, IL 60060							0.00
ACCOUNT NO.			Consideration: Other				
Melissa Guglielmo 27 Village Drive Yardville, NJ 08620							240.00
ACCOUNT NO.			Consideration: Other				
MERCER BUCKS ORTHOPAEDICS PO BOX 8095 LANCASTER, PA 17604-8095							30.94
Sheet no. <u>32</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 13,175.22
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.					
Mercer County Comm College PO Box B Trenton, NJ 08690					0.00
ACCOUNT NO.					
Mercer County Technical Schools 1085 Old Trenton Rd. Trenton, NJ 08690					0.00
ACCOUNT NO.					
Mercer County Vo-Tech 1085 Old Trenton Rd. Trenton, NJ 08619					0.00
ACCOUNT NO.		Consideration: Other			
MERCER FIRE PROTECTION 527 MULBERRY STREET TRENTON, NJ 08638					1,846.50
ACCOUNT NO.		Consideration: Other			
MERCER-BUCKS ORTHOPAEDICS PO BOX 848228 BOSTON, MA 02284-8228					72.08
Sheet no. <u>33</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ►	\$	1,918.58
			Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
METIS GROUP, LLC 14 PENN PLAZA SUITE 1800 NEW YORK, NY 10122							7,250.00
ACCOUNT NO.							
Metropolitan Foods Inc dba Driscoll Foods 174 Delawanna Ave. Clifton, NJ 07011							0.00
ACCOUNT NO.			Consideration: Other				
MICHAEL LAZAR 532 OLD MARLTON PIKE WEST PMB#106 MARLTON, NJ 08053							150.00
ACCOUNT NO.			Consideration: Other				
Michena Auguste Ulysse 1204 Hamilton Ave. Trenton, NJ 08629							244.15
ACCOUNT NO.			Consideration: Other				
MIDCO WASTE SYSTEMS 5 INDUSTRIAL DRIVE NEW BRUNSWICK, NJ 08901							16,058.71
Sheet no. <u>34</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 23,702.86
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.		Consideration: Other			
MIDWAY INDUSTRIES PO BOX 370 REISTERSTOWN, MD 21136					2,649.33
ACCOUNT NO.		Consideration: Other			
Mobilex USA 930 Ridgebrook Rd 3rd Fl Sparks Glencoe, MD 21152-9390					13,402.36
ACCOUNT NO.		Consideration: Other			
MONROE MEDICAL SUPPLIES 2715 ROUTE 130 SOUTH CRANBURY, NJ 08512					375.00
ACCOUNT NO.		Consideration: Other			
MOONEY GENERAL PAPER CO 1451 CHESTNUT AVENUE PO BOX 3800 HILLSIDE, NJ 07205					349.23
ACCOUNT NO.		Consideration: Other			
NATIONAL CARE SYSTEMS 170 53RD STREET BROOKLYN, NY 11232					7,250.00
Sheet no. <u>35</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ►	\$	24,025.92
			Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Other			
NATIONAL DATACARE CORP PO BOX 222430 CHANTILLY, VA 20153-2430						1,886.45
ACCOUNT NO.			Consideration: Other			
NATIONAL INDUSTRIES 2727 PHILMONT AVENUE UNIT 340 HUNTINGDON VALLEY PA						229.74
ACCOUNT NO.			Consideration: Other			
NATIONAL NUTRITION INC PO BOX 5383 2733 LITITZ PIKE LANCASTER, PA 17606-538						1,105.00
ACCOUNT NO.			Consideration: Other			
NEW HAMPSHIRE INSURANCE CO PO BOX 13706 NEWARK, NJ 07188						109.64
ACCOUNT NO.			Consideration: Other			
NEW JERSEY LABOR LAW POSTER SERV 5859 W SAGINAW HWY. #3443 LANSING, MI 48917-2460						132.25
Sheet no. <u>36</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$	3,463.08
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
NEW JERSEY SURGERY CENTER "1225 WHITEHORSE-MERCERVILLE RD BLDG D, SUITE 209 ME"							130.90
ACCOUNT NO.							
Nilesh Rana, MD 1531 Buck Creek Drive Yardley, PA 19067							0.00
ACCOUNT NO.			Consideration: Other				
NINA'S							160.00
ACCOUNT NO.			Consideration: Other				
NJ DIVISION OF FIRE SAFETY PO BOX 809 TRENTON, NJ 08625-0809							1,321.00
ACCOUNT NO.							
NJ Eastern Star Home 111 Finderne Ave. Bridgewater, NJ 08807							0.00
Sheet no. <u>37</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 1,611.90
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Other			
NJ Nursing Home Provider Assessment NJ Div of Taxation 50 Barrack Street Trenton, NJ 08695-0198						185,290.32
ACCOUNT NO.			Consideration: Other			
NJ Nursing Home Provider Assessment NJ Div of Taxation Rev Processing Ctr PO Box 646 Trenton, NJ 08646						Notice Only
ACCOUNT NO.			Consideration: Other			
NJAHSA 13 ROSZEL ROAD SUITE C-200 PRINCETON, NJ 08540						200.00
ACCOUNT NO.			Consideration: Other			
NJAPA						235.00
ACCOUNT NO.			Consideration: Other			
NOLAN WILLENCE CLASSICAL GUITARI 476 B BUCKINGHAM DRIVE MANCHESTER, NJ 08759						75.00
Sheet no. <u>38</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 185,800.32	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.		Consideration: Other			
NUTRITION PLUS 40 VREELAND AVENUE SUITE 101D TOTOWA, NJ 07512					6,501.00
ACCOUNT NO.					
Odyssey HealthCare Operatin B, LP 242 Old New Brunswick Rd Ste 140 Piscataway, NJ 08854					0.00
ACCOUNT NO.		Consideration: Other			
OLIVER SPRINKLER CO, INC 501 FEHELEY DRIVE KING OF PRUSSIA, PA 19406-2690					1,119.30
ACCOUNT NO.		Consideration: Other			
OMEGA ENVIORNMENTAL SERVICES INC 280 HUYLER STREET SOUTH HACKENSACK, NJ 07606					7,288.92
ACCOUNT NO.		Consideration: Other			
ON-SITE HEALTH SERVICES 413 GERMANTOWN PIKE LAFAYETTE HILL, PA 19444					165.00

Sheet no. 39 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal ► \$ 15,074.22
Total ► \$(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
ONE STOP FINANCIAL SERVICES 1403 Oak Circle Lansdale, PA 19446-6076							25.00
ACCOUNT NO.							
Our Town POB 3462 Mercerville, NJ 08619							0.00
ACCOUNT NO.			Consideration: Other				
PARTNERS PHARMACY 70 JACKSON DRIVE CRANFORD, NJ 07016							678,880.71
ACCOUNT NO.			Consideration: Other				
PATIENT CARE ASSOCIATES INC 141 HALSTEAD AVE MAMARONECK, NY 10543							964.19
ACCOUNT NO.			Consideration: Other				
PAULA KROSNICK 1505 8TH STREET NW HICKORY, NC 28601							57.98
Sheet no. <u>40</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 679,927.88
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.					
Petro 2187 Atlantic St. Stamford, CT 06902					0.00
ACCOUNT NO.		Consideration: Other			
PHARMCARE USA 95 NEWFIELD AVENUE SUITE B EDISON, NJ 08837					87,504.53
ACCOUNT NO.		Consideration: Other			
PHILIP ROSENAU CO, INC PO BOX 7777 PHILADELPHIA, PA 19175-0739					1,222.20
ACCOUNT NO.		Consideration: Other			
PHONE OWNERS GROUP 1790 ROUTE 70 EAST CHERRY HILL, NJ 08003					232.73
ACCOUNT NO.		Consideration: Other			
PHYSIATRY MANAGEMENT SERVICES "3111 ROUTE 38, #11 PMB 120 MOUNT LAUREL, NJ 08054"					6,000.00
Sheet no. <u>41</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ►	\$	94,959.46
			Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.					
Physician Sales & Service 4345 Southpoint Boulevard Jacksonville, FL 32216					0.00
ACCOUNT NO.		Consideration: Other			
PHYSIO-CONTROL, INC 12100 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693					359.81
ACCOUNT NO.		Consideration: Other			
PIEDMONT AVIARIES INC 9049 GREEN ROAD WARRENTON, VA 20187					2,029.30
ACCOUNT NO.		Consideration: Other			
PITNEY BOWES PO BOX 371887 PITTSBURGH, PA 15250-7887					2,748.79
ACCOUNT NO.					
Prime HealthCare Staffing 27240 Haggerty Rd, E-15 Farmington Hills, MI 48331					0.00
Sheet no. <u>42</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ►	\$	5,137.90
			Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
PRIME REHABILITATION SERVICES 220 WHITE PLAINS ROAD SUITE 550 TARRYTOWN, NY 10591							526,559.29
ACCOUNT NO.			Consideration: Other				
PRIMEDICA, INC. 3500 FINANCIAL PLAZA SUITE 200 TALLAHASSEE, FL 32312							318.45
ACCOUNT NO.			Consideration: Other				
PRINCETON HEALTH CARE SYSTEM FOU 253 WITHERSPOON STREET PRINCETON, NJ 08540							584.00
ACCOUNT NO.			Consideration: Other				
PRINCETON HEALTHCARE SYSTEM 253 WITHERSPOON STREET PRINCETON, NJ 08540							1,194.44
ACCOUNT NO.			Consideration: Other				
PRINCETON PACKET 300 WITHERSPOON STREET PO BOX AJ PRINCETON, NJ 08542							364.59
Sheet no. <u>43</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 529,020.77
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
PRINCETON RADIOLOGY 3674 ROUTE 27 KENDALL PARK, NJ 08824							1,263.98
ACCOUNT NO.			Consideration: Other				
PRINCETON REGIONAL CHAMBER OF CO 9 VANDEVENTER AVENUE PRINCETON, NJ 08542							662.50
ACCOUNT NO.			Consideration: Other				
PRINCETON REGIONAL ORTHO 256 BUNN DRIVE PRINCETON, NJ 08540							65.48
ACCOUNT NO.							
Princetonian Graphics Inc. 45 Stouts Lane Ste 4 Monmouth Junction, NJ 08852							0.00
ACCOUNT NO.			Consideration: Other				
PSE&G Co Electric 8 Lyndon Dr. Hillsborough, NJ 08844-3033							42,258.57

Sheet no. 44 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal ► \$ 44,250.53
Total ► \$(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
PSE&G CO ELECTRIC PO BOX 14101 NEW BRUNSWICK, NJ 08906-4101							Notice Only
ACCOUNT NO.			Consideration: Other				
PSE&G GAS PO BOX 14104 NEW BRUNSWICK, NJ 08906-4104							4,396.41
ACCOUNT NO.			Consideration: Other				
PULMONARY MANAGEMENT INC 1985 EAST STATE STREET EXT HAMILTON, NJ 08619							195.00
ACCOUNT NO.			Consideration: Other				
PURCHASE POWER PO BOX 856042 LOUISVILLE, KY 40285-6042							1,687.38
ACCOUNT NO.			Consideration: Other				
QUALI-TEE 657 Rte 28 # 2 West Yarmouth, MA 02673-5034							291.23
Sheet no. <u>45</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 6,570.02
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
RAYMOND H. VALENTINO 244 PROBASCO ROAD EAST WINDSOR, NJ 08520							300.00
ACCOUNT NO.			Consideration: Other				
RECOVER CARE KEY BANK LOCK BOX # 713222 895 CENTRAL AVE, STE 600							11,459.75
ACCOUNT NO.			Consideration: Other				
RESIDENT FAMILY MEALS							130.00
ACCOUNT NO.			Consideration: Other				
RESPIRATORY HEALTH SERVICES PO BOX 7247 7480 PHILADELPHIA, PA 19170-7480							10,904.96
ACCOUNT NO.			Consideration: Other				
RETRIEVEX PO BOX 415938 BOSTON, MA 02241-5938							392.60
Sheet no. <u>46</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 23,187.31
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Consideration: Other				
RHONDA HUGHES						69.31
ACCOUNT NO.						
Rite-Air Mechanical 109 Edgewood Ave. Bellmawr, NJ 08031						0.00
ACCOUNT NO.		Consideration: Other				
ROBERT MATTEO PO BOX 52 WASHINGTON, NJ 07882						5.00
ACCOUNT NO.						
Rossi Psychological Group PA 62 E. Main St. Somerville, NJ 08876						0.00
ACCOUNT NO.		Consideration: Other				
SALADWORKS Eight Tower Bridge 161 Washington St, Ste 300 Conshohocken, PA 19428						61.15
Sheet no. <u>47</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ► \$ 135.46
						Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
SAMMONS PRESTON PO BOX 93040 CHICAGO, IL 60673-3040							42.94
ACCOUNT NO.			Consideration: Other				
SANITARY LINEN SUPPLY 1100 6TH AVENUE NEPTUNE, NJ 07753							1,694.36
ACCOUNT NO.			Consideration: Other				
SEA BAY GAME CO. 77 CLIFFWOOD AVE STE 1-D CLIFFWOOD, NJ 07721							227.28
ACCOUNT NO.			Consideration: Other				
Select Medical Corporation 4714 Gettysburg Road Mechanicsburg, PA 17055							263,720.60
ACCOUNT NO.			Consideration: Other				
SELECT MEDICAL REHABILITATION SE PO BOX 643920 PITTSBURGH, PA 15264							Notice Only
Sheet no. <u>48</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 265,685.18
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
SERVICE PORT REFRIGERATION 340-A ANDREWS ROAD TREVOSE, PA 19053							738.62
ACCOUNT NO.			Consideration: Other				
SHRED IT 796 HAUNTED LANE BENSALEM, PA 19020							645.96
ACCOUNT NO.			Consideration: Other				
SINGER EQUIPMENT COMPANY "MITNICK & MALZBERG, P.C. PO BOX 429 FRENCHTOWN, NJ 0"							42.08
ACCOUNT NO.			Consideration: Other				
ST. FRANCIS MEDICAL CENTER PO BOX 827800 PHILADELPHIA, PA 19182							169.62
ACCOUNT NO.			Consideration: Other				
STEPHEN A. COBELL, LLC 1234 ROUTE 23 NORTH BUTLER, NJ 07405							275.00
Sheet no. <u>49</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 1,871.28
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Other			
STERICYCLE INC PO BOX 9001590 LOUISVILLE, KY 40290-1590						1,050.45
ACCOUNT NO.			Consideration: Other			
STERN MOBILE FIELD OFFICES, INC PO BOX 218 FARMINGDALE, NJ 07727						190.80
ACCOUNT NO.			Consideration: Professional Fees	X	X	
Steven A. Cobell, LLC 1234 Rt. 23 North Butler, NJ 07405				X	X	Unknown
ACCOUNT NO.			Consideration: Other			
SUCCESSFUL TITLE AGENCY 809 RIVER AVE LAKEWOOD, NJ 08701						180.00
ACCOUNT NO.			Consideration: Other			
SUE MILLER 106 DRUMMOND DRIVE PENNINGTON, NJ 08534						670.00
Sheet no. <u>50</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$	2,091.25
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
SUMMIT SOFTWARE INC 85 BROADWAY SUITE F AMITYVILLE, NY 11701							656.25
ACCOUNT NO.			Consideration: Other				
SUNSHINE FOUNDATION PO BOX 55130 TRENTON, NJ 08638-6130							350.00
ACCOUNT NO.			Consideration: Other				
SUPERIOR LAMP INC PO BOX 566 MOORHEAD MN 56561-0566							344.30
ACCOUNT NO.							
Symphony Diagnostic Svcs 185 Witmer Road Horsham, PA 19044							0.00
ACCOUNT NO.			Consideration: Other				
TAENZER,ETTENSON,STOCKTON & ABER 123 NORTH CHURCH STREET PO BOX 237 MOORESTOWN, NJ 08							250.00
Sheet no. <u>51</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$		1,600.55
				Total ►	\$		

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Consideration: Other				
TAYLOR RENTAL 448 Broadway Hillsdale, NJ 07642						580.64
ACCOUNT NO.		Consideration: Other				
TEAMSTERS LOCAL 35 HEALTH FUND 620 US ROUTE 130 YARDVILLE, NJ 08691						39,333.75
ACCOUNT NO.		Consideration: Other				
TEAMSTERS LOCAL 35 PENSION FUND 620 US ROUTE 130 YARDVILLE, NJ 08691						17,330.00
ACCOUNT NO.		Consideration: Other				
TEAMSTERS LOCAL 35 UNION DUES 620 US ROUTE 130 YARDVILLE, NJ 08691						0.50
ACCOUNT NO.		Consideration: Other				
TEICH GROH 691 STATE HIGHWAY #33 TRENTON, NJ 08619-4492						4,768.80
Sheet no. <u>52</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ► \$ 62,013.69
						Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.					
The Corporate Health Center 832 Brunswick Ave. Trenton, NJ 08638					0.00
ACCOUNT NO.		Consideration: Other			
THE FLAG KEEPERS 1108 LEE STREET KANNAPOLIS, NC 28081					5.00
ACCOUNT NO.					
The Lawrence Ledger P.O. Box 350 Princeton, NJ 08542					0.00
ACCOUNT NO.		Consideration: Other			
THE PHONEOWNERS GROUP 1790 ROUTE 70 EAST CHERRY HILL, NJ 08003					299.60
ACCOUNT NO.		Consideration: Other			
THE PRINCETON PACKET PO BOX AJ PRINCETON, NJ 08542-0116					281.61
Sheet no. <u>53</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ►	\$	586.21
			Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.					
The Star-Ledger 1 Star-Ledger Plaza Newark, NJ 07101					0.00
ACCOUNT NO.		Consideration: Other			
THE TIMES PO BOX 5757 HICKSVILLE, NY 11802-5757					1,378.16
ACCOUNT NO.		Consideration: Other			
THE TIMES ADVERTISING PO BOX 5710 HICKSVILLE, NY 11802-5710					950.60
ACCOUNT NO.		Consideration: Other			
THE TRENTONIAN ACCOUNTS RECEIVABLE PO BOX 231 TRENTON, NJ 08602-023					282.42
ACCOUNT NO.		Consideration: Other			
TIFFANY MOSS					365.67
Sheet no. <u>54</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ►	\$	2,976.85
			Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
TREASURER STATE OF NJ P. O. Box 002 Trenton, NJ 08625-0002							255.00
ACCOUNT NO.			Consideration: Other				
TRENTON ORTHOPAEDIC GROUP PO BOX 850052173 PHILADELPHIA, PA 19178-2173							2,310.39
ACCOUNT NO.			Consideration: Other				
TRENTON THUNDER BASEBALL 1 Thunder Road Trenton, NJ 08611							769.00
ACCOUNT NO.			Consideration: Other				
TRENTON WATER WORKS PO BOX 528 TRENTON, NJ 08604-0528							10,157.64
ACCOUNT NO.			Consideration: Other				
ULTRASOUND SERVICES INC 27 BLACKSMITH ROAD- #200 NEWTOWN, PA 18940							155.32
Sheet no. <u>55</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 13,647.35
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
UNITED FEDERATED SYSTEMS INC 40 VREELAND AVENUE SUITE 105 TOTOWA, NJ 07512							346.00
ACCOUNT NO.							
Uroskills Urology PC 151 Fries Mill Road # 301 Blackwood, NJ 08012-2016							0.00
ACCOUNT NO.			Consideration: Other				
US MARKETING 40-14 24TH STREET LONG ISLAND CITY, NY 11101							11.98
ACCOUNT NO.			Consideration: Other				
US POST ACUTE SERVICE SOLUTIONS 2029 MORRIS AVENUE SUITE 2 UNION, NJ 07083							53,714.00
ACCOUNT NO.			Consideration: Other				
VERIZON PO BOX 4833 TRENTON, NJ 08650-4833							159.65
Sheet no. <u>56</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 54,231.63
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
VERIZON WIRELESS PO BOX 25505 LEHIGH VALLEY, PA 18002-5505							4,237.93
ACCOUNT NO.			Consideration: Other				
VERIZON/DUBOW PO BOX 4830 TRENTON, NJ 08650-4830							101.55
ACCOUNT NO.							
VNA Home Care of Mercer County 171 Jersey St. Trenton, NJ 08611							0.00
ACCOUNT NO.			Consideration: Other				
WB MASON 59 CENTRE STREET BROCKTON, MA 02301-4014							584.66
ACCOUNT NO.							
Weigh to Go LLC 1339 Ells Mill Road Mullica Hill, NJ 08062							0.00
Sheet no. <u>57</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ 4,924.14
							Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: Other				
WELCO PO BOX 7777 PHILADELPHIA, PA 19175-2075							1,454.96
ACCOUNT NO.			Consideration: Other				
WILLIAM GARFINKLE 89 BROWNING ROAD SHORT HILLS, NJ 07078							300.00
ACCOUNT NO.			Consideration: Other				
WOUND CARE CONCEPTS 2701 BARTRAM ROAD BRISTOL, PA 19007							3,674.36
ACCOUNT NO.			Consideration: Other				
WOUND HEALING TECHNOLOGIES 1901 JOHN P DEVANEY BLVD BROOKLYN, NY 11215							2,814.30
ACCOUNT NO.			Consideration: Other				
ZEP MANUFACTURING COMPANY PO BOX # 3338 BOSTON, MA 02241-3338							224.08
Sheet no. <u>58</u> of <u>58</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ➤ \$ 8,467.70
							Total ➤ \$ 3,132,483.62

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Miller Health Care, LLC
Debtor

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Lawrenceville Nursing Home, Inc. Attn: Stark & Stark, Rachel Stark, Esquire 993 Lenox Drive, Building Two Lawrenceville, NJ 08648	Lease for business Lease on nonresidential real property
Lawrenceville Nursing Home c/o Frank C. Puzio, President 231 Lambert Drive Princeton, NJ 08540	Lease for business Lease on nonresidential real property
Lawrenceville Nursing Home, Inc. Attn: Carl J. Soranno, Esq. Brach Eichler LLC 101 Eisenhower Pkwy Roseland, NJ 07068	Lease for business Lease on nonresidential real property

In re Miller Health Care, LLC
Debtor

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court
DISTRICT OF NEW JERSEY**

In re Miller Health Care, LLC

Case No. _____

Debtor

Chapter 11 _____

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	3	\$ 455,462.25		
C - Property Claimed as exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 6,544.43	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	59		\$ 3,132,483.62	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 0.00
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 0.00
TOTAL		71	\$ 455,462.25	\$ 3,139,028.05	

United States Bankruptcy Court
DISTRICT OF NEW JERSEY

In re Miller Health Care, LLC
Debtor

Case No. _____
Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ N.A.
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ N.A.
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ N.A.
Student Loan Obligations (from Schedule F)	\$ N.A.
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ N.A.
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ N.A.
TOTAL	\$ N.A.

State the Following:

Average Income (from Schedule I, Line 16)	\$ N.A.
Average Expenses (from Schedule J, Line 18)	\$ N.A.
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$ N.A.

State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ N.A.
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ N.A.	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ N.A.
4. Total from Schedule F		\$ N.A.
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ N.A.

Miller Health Care, LLC

In re _____
Debtor

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____
Debtor

Date _____

Signature: _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the Managing Member [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the Miller Health Care, LLC [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 73 sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date June 18, 2011

Signature: /s/ Thomas Miller

THOMAS MILLER

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

In Re Miller Health Care, LLCCase No. _____
(if known)**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2011	49,400	Employment, all figures estimated.
2010	169,000	
2009		

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE

3. Payments to creditors

None Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING

None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after date of adjustment.

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING

Accounts Payable List to be Supplied

None



c. *All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
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Various

Partners Pharmacy	Civil	NJ Superior Court	Pending
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Prime Rehabilitation Services, Inc.	Civil	NJ Superior Court	Pending
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None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and Receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
None <input checked="" type="checkbox"/> b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Subranni Zauber LLC 1624 Pacific Avenue POB 1913 Atlantic City, NJ 08404	May 26, 2011	\$15,000.00
Subranni Zauber LLC 1624 Pacific Avenue POB 1913 Atlantic City, NJ 08404	June 10, 2011	\$100,000.00 \$35,090.00 pre-petition, \$94,910.00 in retainer
Subranni Zauber LLC 1624 Pacific Avenue POB 1913 Atlantic City, NJ 08404	April 28, 2011	\$15,000.00

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None <input checked="" type="checkbox"/>	NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None



If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, record and financial statements

- None a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

Ronald Singer, CPA
Ronald Singer and Associates LLC
2655 Philmont Ave. Suite 100
Huntingdon Valley, PA 19006

January 2010 - Present

Stephen A. Cobell, CPA/MBA
Metis Group LLC
222 Mount Airy Road
Basking Ridge, NJ 07920

March 2006 - December 2009

-
- None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

-
- None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE
ISSUED

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF
INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF
STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION

23. Withdrawals from a partnership or distribution by a corporation

None If the debtor is a partnership or a corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date June 18, 2011 Signature /s/ Thomas Miller
THOMAS MILLER,
Managing Member
Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____ Date _____
Signature of Bankruptcy Petition Preparer

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.

A.C. Black Landscaping
94A Crosswicks-Ellisdale Rd
Allentown, NJ 08501

ABLE MEDICAL TRANSPORTATION
INC
PO BOX 6837
BRIDGEWATER, NJ 08807-0837

ACCESS INTERACTIVE
LLC
46665 MAGELLAN DRIVE
NOVI, MI 48377

ACHCA
PO BOX 75060
BALTIMORE, MD 21275-5060

ACULABS, INC.
2 KENNEDY BLVD.
EAST BRUNSWICK, NJ 08816

AIR CARE OF NJ, INC
127 ROUTE 206 SUITE 35
HAMILTON, NJ 08610

AIRGAS EAST
PO BOX 827049
PHILADELPHIA, PA 19182

AJANTA S VINEKAR MD
"666 PLAINSBORO RD
SUITE 228, BLDG 200
PLAINSBORO, NJ 08536

ALAN LANDA
1072 MADISON AVENUE
LAKEWOOD, NJ 08701

ALLSTATE MEDICAL
34 35TH STREET
BROOKLYN, NY 11232

ALTERNATIVES FOR SENIORS
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SOUTHFIELD, MI 48037

ALTIGRO
3 US HIGHWAY 46 WEST
FAIRFIELD, NJ 07004-2904

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146 Lawrenceville Pennington Road
Lawrence Twp, NJ 08648-1461

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American Hospice
50 N. Laura St. Ste 1800
Jacksonville, FL 32202

American Hospitals Patient Guide
POB 1031
Schenectady, NY 12301

American Hospitals Pub Group
POB 1031
Schenectady, NY 12301

Amerihealth Casualty Svcs
8000 Midlantic Dr # 333N
Mount Laurel, NJ 08054-1518

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28289-0271

Bollinger, Inc.
232 Strawbridge Dr.
Moorestown, NJ 08057

Borden Perlman Insurance Co
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BROADVIEW NETWORKS
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BSD CARE
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Buchanan Ingersoll & Rooney
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228 WEST MAPLE STREET
AMBLER, PA 19002-5738

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14904 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693-014

Care Alternatives
70 Jackson Drive Ste 200
Cranford, NJ 07016

Care Associates Network
147 Columbia Tpke Ste 302
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CAREMED INC
PO BOX 67
CEDARHURST, NY 11516

Caring Hospice Services
400 Commerce Dr Ste C
Fort Washington, PA 19034

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LINDEN, NJ 07036

CertaPro Painters
300 Mill St.
Moorestown, NJ 08057

CHE Senior Care Therapy
85 Crescent Ave.
Passaic, NJ 07055

Cherry Hill Pharmacy LTC
1951 Old Cuthbert Rd Ste 306
Cherry Hill, NJ 08034

Chicago Insurance Company
55 E. Monroe St.
Chicago, IL 60603

CHILDREN'S BREAD DELIVERANCE

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CHS, INC. - FULD CAMPUS
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PREMIUM PROCESSING
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PO BOX 3696
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COLORADO SPRINGS, CO
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TECHNOLOGY, INC
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SUPPLIES, LLC
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Horizon Healthcare Svcs
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ROAD
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SAVANNAH GA 31406

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90 Washington Valley Road
Bedminster, NJ 07921

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2595 EAST STATE STREET
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MIDDLESEX, NJ 08846

MEDICAL SOLUTIONS GROUP INC
1 HEWITT SQUARE #123
EAST NORTHPORT, NY 11731

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SUITE 202
BROOKLYN, NY 11230

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Mundelein, IL 60060

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Mercer County Technical Schools
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Trenton, NJ 08690

Mercer County Vo-Tech
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Trenton, NJ 08619

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TRENTON, NJ 08638

MERCER-BUCKS ORTHOPAEDICS
PO BOX 848228
BOSTON, MA 02284-8228

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1800
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dba Driscoll Foods
174 Delawanna Ave.
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Trenton, NJ 08629

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MIDWAY INDUSTRIES
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REISTERSTOWN, MD 21136

Mobilex USA
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MOONEY GENERAL PAPER CO
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170 53RD STREET
BROOKLYN, NY 11232

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PO BOX 222430
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HUNTINGDON VALLEY PA

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CENTER
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ME"
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VERIZON WIRELESS
PO BOX 25505
LEHIGH VALLEY, PA 18002-5505

VERIZON/DUBOW
PO BOX 4830
TRENTON, NJ 08650-4830

VNA Home Care of Mercer
County
171 Jersey St.
Trenton, NJ 08611

WB MASON
59 CENTRE STREET
BROCKTON, MA 02301-4014

Weigh to Go LLC
1339 Ells Mill Road
Mullica Hill, NJ 08062

WELCO
PO BOX 7777
PHILADELPHIA, PA
19175-2075

WILLIAM GARFINKLE
89 BROWNING ROAD
SHORT HILLS, NJ 07078

WOUND CARE CONCEPTS
2701 BARTRAM ROAD
BRISTOL, PA 19007

WOUND HEALING
TECHNOLOGIES
1901 JOHN P DEVANEY
BLVD
BROOKLYN, NY 11215

ZEP MANUFACTURING COMPANY
PO BOX # 3338
BOSTON, MA 02241-3338

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re Miller Health Care, LLC,
Debtor Case No. _____
Chapter 11 _____

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 10 pages, is true, correct and complete to the best of my knowledge.

Date June 18, 2011 Signature /s/ Thomas Miller
THOMAS MILLER,
Managing Member

In re Miller Health Care, LLC,
Debtor Case No. _____
Chapter 11 _____

List of Equity Security Holders

Holder of Security	Number Registered	Type of Interest
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United States Bankruptcy Court
DISTRICT OF NEW JERSEY

In re Miller Health Care, LLC

Case No. _____

Chapter 11

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 94,910.00

Prior to the filing of this statement I have received \$ 0.00

Balance Due \$ 94,910.00

2. The source of compensation paid to me was:

Debtor Other (specify) _____

3. The source of compensation to be paid to me is:

Debtor Other (specify) _____

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

The retainer agreement is incorporated by reference.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

The retainer agreement is incorporated by reference.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

June 18, 2011

Date

/s/ Scott M. Zauber, Esq.

Signature of Attorney

Subranni Zauber LLC

Name of law firm